

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 124Township 124Primary Registration District No. 3009City St. Francis (No. 1)File No. 10507Registered No. 106St. 1 Ward

2. FULL NAME

(a) Residence, No. Whitewater No. 0 St. 1 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Grebe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 10 - 1921</u>		
7. AGE <u>17</u>	YEARS <u>✓</u>	MONTHS <u>10</u> DAYS <u>4</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>

MOTHER	13. NAME <u>George Sander</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burlington</u>
	15. MAIDEN NAME <u>Cara McClelland</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burlington</u>

FATHER	17. INFORMANT (ADDRESS) <u>Cara Sander</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jackson</u> DATE <u>3-12-40</u>

MOTHER	19. UNDERTAKER (ADDRESS) <u>Shabouze Funeral Home</u>
	20. FILED <u>3-10</u> 19 <u>40</u> <u>St. Francis</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>3/10</u> 19 <u>40</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>2-4</u> 19 <u>40</u> to <u>3/10</u> 19 <u>40</u>
I last saw <u>deceased</u> alive on <u>3/10</u> 19 <u>40</u> Death is said to have occurred on the date stated above, at <u>11</u> m.
The principal cause of death and related causes of importance were as follows:

Date of onset	<u>Appendicitis</u>
	<u>Gangrenous</u>

Other contributory causes of importance: 191

Name of operation <u>Appendectomy</u>	Date of operation <u>3/6/40</u>
What test confirmed diagnosis?	Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19 <u>40</u>
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) <u>W. Smith</u> M. D.
(Address) <u>Cape Girardeau</u>

Was embalmed by W. J. Foster
License 8568

Cape Gir, Mo.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10507

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 125

Primary Registration District No. 3009

Registrar's No.

1. PLACE OF DEATH:

- (a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Vera Greene

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced m
(b) Name of husband or wife 6. (c) Age of husband, or wife, if alive 40 years
7. Birth date of deceased Mar 10 1921
(Month) (Day) (Year)

8. AGE: Years 19 Months 10 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

- MOTHER FATHER { 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address
19. (a) 5-10-40 (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 3 day 10 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death

- Due to
Due to

- Other conditions (Include pregnancy within 3 months of death)

- Major findings: Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work? (Specify type of place) (e) Means of injury

23. Signature A. J. Fuent (M. D. or other) Address Cape Girardeau

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD